



Program Enrollment & Benefit Information

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Overview

This booklet contains valuable information about many programs offered by the Ohio Department of Job and Family Services. It explains how to apply for programs, what information you must provide when you apply, and what to do if you disagree with decisions made about your eligibility. It also talks about:

- Your right to be treated fairly.
- Your rights and responsibilities as a consumer.

The last three pages of this booklet contain perforated forms that you may want to tear out and use:

- The JFS 07105—Application/Reapplication Verification Request Checklist—This shows the verifications your county agency may request when you apply or reapply for benefits.
- The JFS 04196—Food Assistance Change Report Form—You may use this form to report a change if you are receiving Food Assistance.
- The JFS 07092—Notice to Individuals Applying for or Participating in Ohio Works First Regarding Cooperation with the Child Support Enforcement Agency—You must sign and return this form if you are applying for or receiving Ohio Works First cash assistance.

What types of help does the Ohio Department of Job and Family Services offer?

The Ohio Department of Job and Family Services (ODJFS) offers help with:

- Cash assistance
- Child care
- Child support
- Food assistance
- Health care

Local agencies in each county manage these programs. These agencies include:

- The county department of job and family services (CDJFS). Some people call this the welfare department.
- The county public children services agency (PCSA). Some people call this the children services board.
- The county child support enforcement agency (CSEA).

In some counties, the PCSA or CSEA is part of the CDJFS.

You have the right to apply for help from these county agencies. The

county agency will decide what help you can get, based on state and federal law, and will arrange for you to receive that help.

What other services are available?

Other supportive services available through ODJFS are:

- Employment services, such as training and help finding a job
- Unemployment Compensation
- Work support services through the Prevention, Retention and Contingency (PRC) program
- Disability assistance
- Foster care and adoption assistance
- Learning, Earning and Parenting (LEAP) services
- Refugee resettlement services, such as employment assistance and health screening
- Other social services

Application Process—How do I apply for help?

For Cash, Food and Medical Assistance

- You can apply online any time at <https://odjfsbenefits.ohio.gov>.
- Or, you can fill out a "Request for Cash, Food and Medical Assistance" (JFS 07200) form and submit it to your county agency by mail, in person or by fax.
- You may also file the application through your local Ohio Benefit Bank site. The Ohio Benefit Bank helps low- and moderate-income Ohioans apply for work supports such as tax credits and public benefits, including Ohio Works First, Food Assistance and Medicaid. To find the Ohio Benefit Bank site nearest you and to get more information, go to www.ohiobenefits.org or call 1-800-648-1176.

For Medicaid:

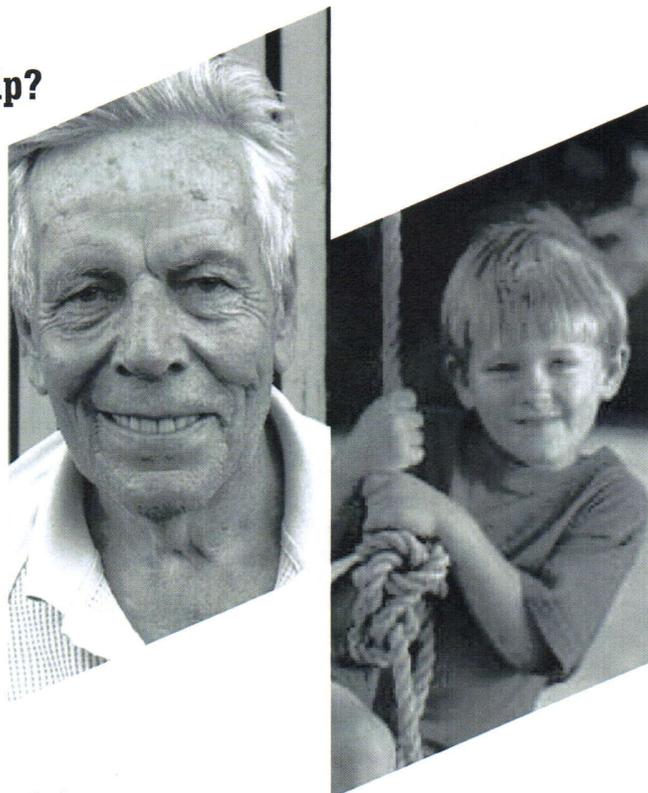
- o You can also call the Medicaid Consumer Hotline at 1-800-324-8680 (TDD: 1-800-393-3572) and request an application.
- o You can get help in person at local clinics or hospitals.

Fill out as much of the application as

you possibly can. You can have a friend or relative help you fill out the application. You can also get help at your county agency. After you sign and date the application, you can submit it, even if you have to collect other information. Signing the application means you are giving true and correct information to the best of your knowledge.

How do I find my county office?

You can find the address and phone number of your county agency at <http://jfs.ohio.gov/county/cntydir.stm> or by looking in the county government section of your phone book. Some county agencies have multiple locations so make sure to call first to find the location nearest you. County agency hours may vary.



Domestic Violence

Domestic violence is when someone in your household is hurt by someone who is or was a partner, spouse, boyfriend or girlfriend, or a part of your household or family. Domestic violence includes hitting, hurting, threatening, or making you afraid by following you or preventing you from moving around freely. You are not required to report domestic violence to your county department of job and family services. Any information you choose to share is confidential. However, the county agency is required by law to report child abuse to the county public children's services agency. In addition, you can receive free confidential help by calling the Ohio Domestic Violence Network at 1-800-934-9840.

What are domestic violence waivers?

If you are eligible for Ohio Works First or Food Assistance and you are a victim of domestic violence, some program requirements can be waived temporarily, which means they won't apply to you while the waiver is in effect.

- **Work:** You may be temporarily excused from your work requirement if it may put you or your children in danger of domestic violence, or if it interferes with your ability to escape the domestic violence.
- **Child Support:** You may be temporarily excused from cooperating with child support rules if your local child support

enforcement agency (CSEA) determines that cooperation would not be in the best interests of the child or would make it more difficult for the caretaker or child to escape domestic violence. During this time, you will be excused from cooperating with the CSEA in establishing paternity or establishing or enforcing a support order.

- **Time Limits:** Ohio Works First provides cash assistance to eligible families for up to 36 months. However, you may be eligible to receive that assistance longer than 36 months if losing it will put you or your children in danger of domestic violence or interfere with your ability to escape the domestic violence.

Frequently Asked Questions (FAQs) about Applying

What if I need help applying for services?

If you are unable to complete the form by yourself, you may need someone to be your authorized

representative. An authorized representative is a person who has your permission to apply for benefits for you. You can name your husband or wife, a relative, or a friend you trust. You can also name a lawyer or a hospital social worker,

but you don't have to.

You must name this person in writing.

Include what duties you want your authorized representative to take care of for you.

You can change your authorized representative at any time. Your authorized representative must be 18 or older.

What if I have a communication disability?

Those who are deaf, hard-of-hearing, blind or speech-disabled may use a TTY/TDD telephone to contact the Ohio Relay Service at 1-800-750-0750. Be sure to have the telephone number of the agency you wish to call ready, so that someone at the Relay Service can help you. For questions, comments, problems or complaints about the Ohio Relay Service, call 1-800-325-2223 (TTY/TDD and Voice).

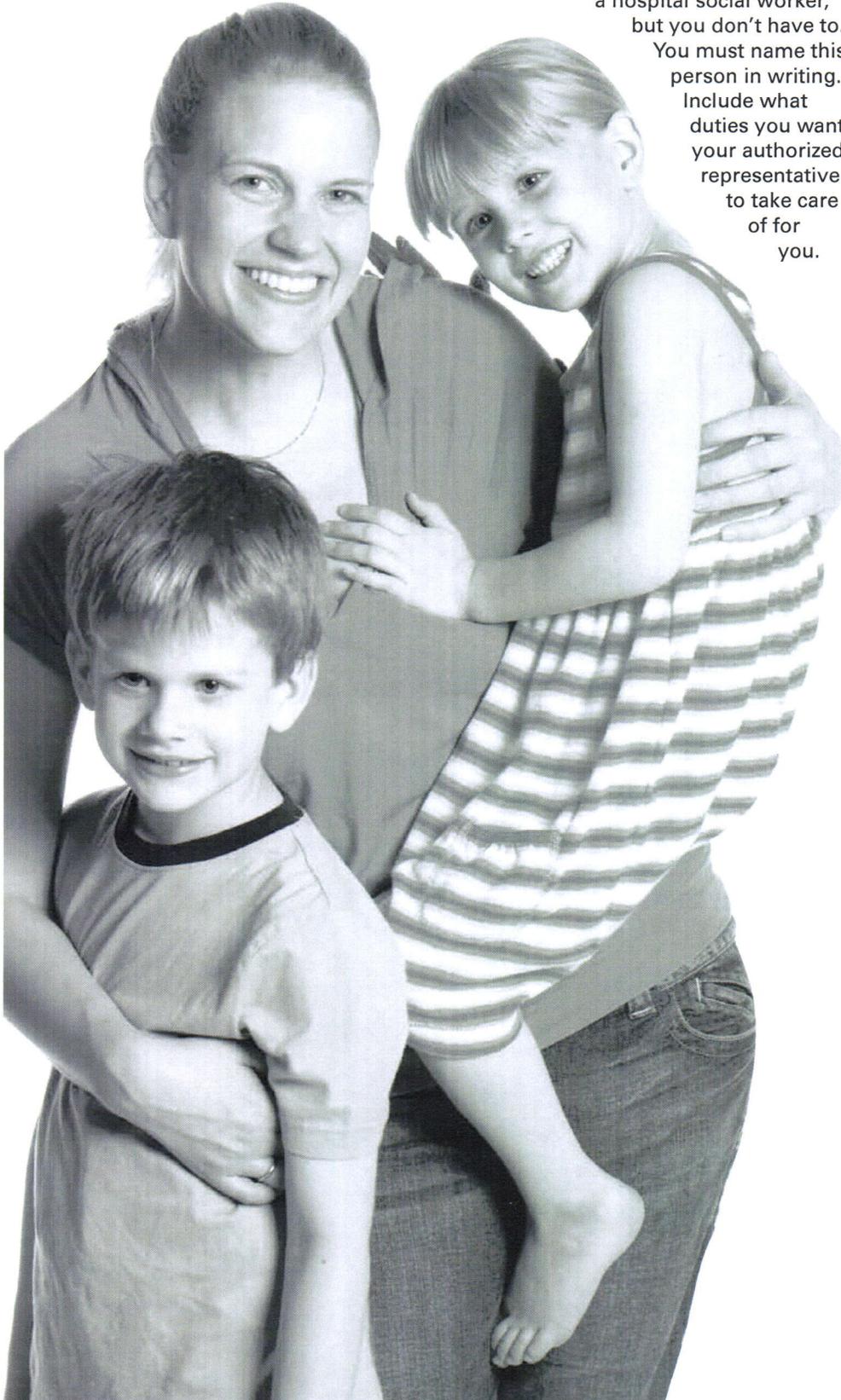
What if English is not my primary language?

If English is not your primary language, you can receive interpretation and translation services. Ask your county contact for help. Your county contact can provide information to you in your language (either verbally or in writing).

What happens after I turn in my application?

After you turn in your form, you may need to have an interview with the local agency. This might need to be in person, or it could take place over the phone. If you submitted your application by mail, fax or e-mail, the agency will tell you when your interview is scheduled. During your interview, the case worker will tell you if you need to provide any additional items, such as a birth certificate, proof of citizenship or proof of your address. The case worker will tell you about the help you are trying to get. He or she will also tell you what you must do to get that help.

If you don't need an interview, the agency will review your application to make sure it is completed, signed and dated. The county agency will send a letter to you (or your authorized representative) asking for more information in order



to make a decision about your benefits. If the agency asks you for more information, try to return it right away. The agency needs the information before it can help you. If you have trouble getting the information, ask the agency for help. Your case worker has 30 days to make a decision about your case and 45 days to provide that decision to you in writing. If you need a disability determination to get benefits, this decision may take up to 90 days.

Depending on the benefits you get, every six or twelve months a review will be completed on your case. A case worker will contact you to determine if any of your information has changed. In addition, you will be required to report certain changes if they occur. For more information, see "Rights and Responsibilities" on page 8.

Who can help me if I have a problem or a question?

Any time you have a problem or a question, contact your county agency. If you still have problems or questions, you can contact ODJFS directly at 1-866-ODJFS4U (1-866-635-3748). If you have questions about Medicaid, or if you need help completing an application for Medicaid, call the Ohio Medicaid Consumer Hotline at 1-800-324-8680 (TTY: 1-800-292-3572).

The Ohio Benefit Bank (OBB) can also help you apply for a number of benefits, including Ohio Works First, Food Assistance and Medicaid. Visit the OBB Web site at www.ohiobenefits.org for more information.

How does the agency use my personal information?

The information you give your county agency is private. Your information may be viewed only by agency staff actively handling your case or participating in a quality control review. Without your permission, the agency cannot share the following information:

- Names and addresses
- Medical services provided
- Social and economic conditions or circumstances
- Agency evaluation of personal information
- Medical data, including diagnosis and past history of disease or disability
- Any information received for verifying income eligibility and how much assistance you were given
- Any information received about other companies that may be responsible for helping pay for your medical care.

However, there are times when the agency does have permission to share your information. This happens when the local agency or ODJFS checks the information you give. For example, the local agency may use your Social Security number when contacting other agencies or people to make sure that your information is correct and that you qualify for help. Here is how ODJFS may share your information:

- If somebody calls the agency asking for information about you, the agency must have either a signed release of information form from you or a signed authorized representative notice from you before any of your information can be shared.
- ODJFS may enter into data-sharing agreements with other agencies that will allow ODJFS to get or give Social Security, income, eligibility or medical insurance information (called third-party liability).
- If a court issues a subpoena for your case record, ODJFS will give your information to the court. This can happen if you are under investigation, prosecution, or are charged with a civil or criminal crime related to benefits provided by ODJFS.
- In an emergency situation, if time does not allow ODJFS to receive your permission first, your information may be released. However, ODJFS must tell you if this happens.

- If you have checked a box on a combined program application requesting information about another program, your information may be shared with that program. This could include child support, the Women Infants and Children (WIC) program, the Bureau for Children with Medical Handicaps (BCMH), Child and Maternal Health, and Help Me Grow (HMG).

Sometimes agencies outside ODJFS will share information about you with ODJFS to help us make a decision about your benefits. This information can be used as proof of your eligibility, so you won't have to bring in documents yourself. These agencies include the U.S. Department of Health and Human Services, the Social Security Administration, the U.S. Department of the Treasury, the Ohio Department of Taxation, and the Ohio Department of Health.

It is important for you to know that ODJFS:

- Will not send you e-mails or text messages requesting your personal information, or asking for your personal identification number (PIN).
- Will not call you to ask for personal information that you already gave us.
- Will not send you holiday greetings, general public announcements or political information (except voter registration materials).
- Will never share your information with companies or telemarketers.
- Will provide you with voter information and registration materials when you apply or reapply for benefits or when you report a change to your case.
- May send you information relating to your health and welfare, such as free medical exams, availability of surplus food and consumer protection information.

Medicaid Programs and Services

Ohio Medicaid and Medicaid-related programs provide access to health care services for individuals who are aged, blind or disabled; for children up to age 21; for pregnant women; and for families with children up to age 19.



Conditions of Eligibility When Applying for Medicaid

To receive any kind of Medicaid, you must:

- Provide your Social Security number
- Live in Ohio
- Be a U.S. citizen or a qualified alien
- Give Ohio the right to obtain medical support and payments for your medical care from a third party
- Help Ohio establish the paternity of and obtain medical support for any Medicaid-eligible child
- Help Ohio identify and pursue any person or company who may be responsible for your medical care or services
- Apply for and accept any other benefits you should be getting (such as Supplemental Security Income, Social Security Disability Insurance or Medicare)
- Meet the income, resource and other program requirements
- Select a managed care plan right away, if required.

Medicaid and Other Health Care Programs

In addition to the other conditions of eligibility, you will need to meet financial and resource requirements to receive Medicaid. The chart at right shows the verifications needed for each coverage type.

Medicaid Coverage Type	Income	Resources	Other
	Verification Needed		
<i>Low-Income Families:</i> Health care coverage for families with children under 19.	X		X
<i>Pregnant Women:</i> Health care coverage for women throughout the pregnancy and 60 days postpartum.	X		X
<i>Children:</i> Health care coverage for children up to age 19. Coverage for families with incomes above 150% of the federal poverty level is available only if the family has no other creditable health insurance.	X		X
<i>Presumptive Eligibility for Children:</i> Immediate, time-limited health care coverage for children up to age 19.			
<i>Refugee Medical Assistance (RMA):</i> Time-limited health care coverage for refugees. The program provides a medical screening and other medical services to qualified aliens.	X		
<i>Alien Emergency Medical Assistance (AEMA):</i> Health care coverage for the treatment of emergency medical conditions for certain individuals who meet the Medicaid requirements other than the citizenship requirements.	X	X	X
<i>Transitional Medical Assistance (TMA):</i> Twelve months of continuous health care coverage for families who would otherwise lose coverage because a family member got a new job or is earning more money.			X
<i>Children in Care/Former Foster Children in Care:</i> Health care coverage for children in the custody of a public children services agency, in receipt of foster care or adoption assistance under Title IV-E, or in receipt of state or federal adoption assistance. The program also covers individuals who aged out of foster care on their 18th birthdays, until they turn 21.			X
<i>Continuous Eligibility for Children:</i> Twelve months of continuous eligibility is available to every child up to age 19 who gets Medicaid.			X
<i>Adults Age 19 and 20:</i> Health care coverage for individuals ages 19 and 20. Family income may be used in the eligibility determination.	X		
<i>Aged, Blind or Disabled (ABD):</i> Health care coverage for people who are at least 65 years old and individuals of any age who are blind or disabled. You may have to "spend down" to the "Medicaid Need Standard" to get Medicaid. (For more information about disability or spenddown, see page 7.)	X	X	X
<i>Medicare Premium Assistance Program (MPAP):</i> Medicaid programs that help pay Medicare costs. <ul style="list-style-type: none"> • Qualified Medicare Beneficiary (QMB): Pays Part A and B premiums, deductibles, co-pays and co-insurance. • Specified Low-Income Medicare Beneficiary (SLMB): Pays Part B premiums only. • Qualifying Individual (QI): Pays Part B premiums only. • Qualified Working Disabled Individual (QWDI): Pays Part B premiums only. 	X	X	X
<i>Medicaid Buy-In for Workers with Disabilities (MBIWD):</i> Health care coverage for working disabled individuals ages 16 to 64. If your income is above a certain amount, you may need to pay a premium to get MBIWD.	X	X	X
<i>Residential State Supplement (RSS):</i> A supplemental cash payment program for aged, blind or disabled people who need a protected level of health care as determined by a health care provider. RSS helps to pay the costs of living in certain residential care facilities.	X	X	X
<i>Long-Term Care or Waiver Services:</i> Long-term care or waiver services are available for individuals who have special care needs, as determined by a health care provider.	X	X	X
<i>Program for All-Inclusive Care for the Elderly (PACE):</i> A "total care" program run by both Medicare and Medicaid in Hamilton and Cuyahoga counties and surrounding areas.	X	X	
<i>Breast and Cervical Cancer Project (BCCP):</i> Health care coverage for certain women who need treatment for breast or cervical cancer, breast or cervical pre-cancerous conditions, and/or breast or cervical early stage cancer. These women must have been screened for the BCCP program by the Ohio Department of Health before applying for BCCP Medicaid.			X